MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04038

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown Laurel Grove
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laural Grove
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) Daniel (Middle) Thomas (Last) DIXON

4. DATE OF DEATH (Month) April (Day) 28 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH July 2-28 55
9. AGE last birthday 93 yrs. If under 1 year Months 9 Days 26 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant
10b. KIND OF BUSINESS OR INDUSTRY Merchant
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME William T. Dixon
14. MOTHER'S MAIDEN NAME Mary Ellen Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs Ellen Colton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 3 d.

491 Antecedent cause(s)

107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 Apr, 1949, to 28 Apr, 1949, that I last saw the deceased alive on 27 Apr, 1949, and that death occurred at 2:20 A.m., from the causes and on the date stated above.

SIGNATURE J R Gunther, (Degree or title) MD ADDRESS Mechanicsville DATE SIGNED 28 Apr 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 1-49
NAME OF CEMETERY OR CREMATORY Mt Zion
LOCATION (City, town, or county) Laural Grove (State) Md

DATE REC'D BY LOCAL REG. 4/29/49
REGISTRAR'S SIGNATURE Camalli
24. FUNERAL DIRECTOR W C Mattingley Sons Leonardtown Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 2 1949
BUREAU V. S.

04039

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH — COUNTY: St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown R.F.D. #1 — LENGTH OF STAY (in this place): 3 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Valley Lee
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) Joseph (Middle) Alvin (Last) Yatton

4. DATE OF DEATH (Month) April (Day) 12 (Year) 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Mch 15-1908
9. AGE last birthday: 41 yrs. — If under 1 year: Months — Days 30 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William R. Yatton
14. MOTHER'S MAIDEN NAME: Frances Ada Branning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If year, give war or dates of service) no
16. SOCIAL SECURITY NO.: 218240599
17. INFORMANT: William C. Yatton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002 Immediate cause (a) Pneumonary Tuberculosis

13b Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 1, 1949, to Apr 12, 1949, that I last saw the deceased alive on Apr 10, 1949, and that death occurred at 12:10 A.m., from the causes and on the date stated above.

SIGNATURE: Frank A. Camalier (Degree or title) M.D. — ADDRESS: Leonardtown Md. — DATE SIGNED: 4/12/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: April 14 1949
NAME OF CEMETERY OR CREMATORY: Ours Ladys
LOCATION (City, town, or county): near Leonardtown St Marys (State) Md

DATE REC'D BY LOCAL REG.: 4/12/49
REGISTRAR'S SIGNATURE: Camalier
24. FUNERAL DIRECTOR: W.C. Mattingly Sons Leonardtown — ADDRESS: Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 14 1949
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04040

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St. Mary's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills — LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Great Mills
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Queenie	Victorine	Jarboe	April	6	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	widowed	Oct. 18, 1860	88 yrs.	5	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	same	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Bohanan	Marla Yates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no ~~no~~	—	Mrs Pembroke Moore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary heart disease — 3 years

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 46, 1946, to April 6, 1949, that I last saw the deceased alive on 4-5-, 1949, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R.J. Beans	M.D.	Great Mills Md.	4-6-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-8-1949	St. Michael's	Ridge, St Mary's, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-6-49	R.J. Beans M.D. (Local)	W. C. Mattingly Sons	Leonardtown, Md.

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APR 11 1949
BUREAU V. S.

04041

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Hall
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Hall
STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print) (First) SARAH (Middle) L (Last) JOHNSON

4. DATE OF DEATH (Month) APRIL (Day) 4 (Year) 1949

5. SEX FEMALE
6. COLOR OR RACE NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW
8. DATE OF BIRTH 2-18-1876
9. AGE last birthday 73 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY SAME
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.T.A.

13. FATHER'S NAME HENRY BARNES
14. MOTHER'S MAIDEN NAME HENNA BARNES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NONE
17. INFORMANT HENRY JOHNSON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic valvular heart disease — 15 years

421.4

Antecedent cause(s)

92d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1935, to 4-4-, 1949, that I last saw the deceased alive on April 2, 1949, and that death occurred at 7.40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) S.J. Beary M.D. ADDRESS Great Mills, Md. DATE SIGNED 4-5-49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE 4/6/49
NAME OF CEMETERY OR CREMATORY ST. PETERS CEMETERY
LOCATION (City, town, or county) Ridge (State) Md.

DATE REC'D BY LOCAL REG. 4-5-49
REGISTRAR'S SIGNATURE (Local) S.J. Beary M.D.
24. FUNERAL DIRECTOR W.C. MATTINGLEY SONS ADDRESS LEONARDTOWN, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 7 1949
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04042

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH COUNTY Saint Mary's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Iowa COUNTY Adams
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville — LENGTH OF STAY (in this place) ----	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prescott
HOSPITAL OR INSTITUTION OR STREET ADDRESS ----	STREET ADDRESS (If rural, give location) -----

3. NAME OF DECEASED (Type or Print) (First) Alfred (Middle) Wendell (Last) Lundhigh

4. DATE OF DEATH (Month) 4 (Day) 22 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 7 November 1925

9. AGE last birthday 23 yrs. If under 1 year: Months 5, Days 15; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown

10b. KIND OF BUSINESS OR INDUSTRY Unknown

11. BIRTHPLACE (State or foreign country) Prescott, Iowa

12. CITIZEN OF WHAT COUNTRY? Yes

13. FATHER'S NAME Alfred K. Lundhigh

14. MOTHER'S MAIDEN NAME Fustess Rebecca

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If year, give war or dates of service) 1943-1949

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT —

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
866.1 Immediate cause	(a) Extreme Multiple injuries	immediate
Antecedent cause(s)		
173 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm (CITY OR TOWN) Mechanicsville (COUNTY) St. Marys (STATE) Md.

TIME OF INJURY (Month) 4 (Day) 22 (Year) 1949 (Hour) 11:30 a.m.

INJURY OCCURRED While at Work ☑ Not While At work ☐

HOW DID INJURY OCCUR? Airplane crash (U.S. Army)

22. I hereby certify that I attended the deceased from dead, when first seen, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Julian J. Lane, M.D. (Degree or title) ADDRESS Leonardtown, Md. DATE SIGNED 4/22/49

23. BURIAL, CREMATION REMOVAL (Specify) Removal DATE April 25 1949 NAME OF CEMETERY OR CREMATORY Unknown LOCATION (City, town, or county) Corning Iowa (State)

X DATE REC'D BY LOCAL REG. 23 April 49 REGISTRAR'S SIGNATURE Charles E. Graves

24. FUNERAL DIRECTOR Wastler Funeral Home ADDRESS 301 E. Capitol St. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04043

Reg. Dist. No. 282

1. PLACE OF DEATH · COUNTY St. Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown — LENGTH OF STAY (in this place) 4 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown (rural)
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Marys Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Emma (Middle) Virginia (Last) Peck				4. DATE OF DEATH (Month) 4 / (Day) 7 / (Year) 1949	
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 8/22/1894	9. AGE last birthday 54 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Virginia	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME George Bennett			14. MOTHER'S MAIDEN NAME Edna Bennett		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT James S. Peck		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uraemia	3 days ?
443 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis	?
	(c) Hz pretension	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. S

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 4, 1949, to Apr. 7, 1949 that I last saw the deceased alive on Apr. 6, 1949, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank A. Camalier	M.D.	Leonardtown	4/7/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 4/10/49	NAME OF CEMETERY OR CREMATORY St. Marks	LOCATION (City, town, or county) (State) Valley Lee, Md.
DATE REC'D BY LOCAL REG. 4/7/49	REGISTRAR'S SIGNATURE Camalier	24. FUNERAL DIRECTOR P.B.Robinson	ADDRESS Leonardtown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 12 1949
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04044

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Helen
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Helen
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) Marserit (Middle) Ophelia (Last) Price

4. DATE OF DEATH (Month) April (Day) 16 (Year) 1949

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept 21-1930
9. AGE last birthday 18 yrs. If under 1 year Months 6 Days 26 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Work Home
10b. KIND OF BUSINESS OR INDUSTRY Whelped at Home
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Sherley Price
14. MOTHER'S MAIDEN NAME Ophelia Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT Sherley Price

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary embolism	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic rheumatic carditis	4 years
	(c) adhesive pericarditis	4 years

416
582

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Ascites

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from dead when first seen, 19....., to ....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 3:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] Leonardtown, Md. 4/16/49

23. BURIAL, CREMATION REMOVAL. (Specify) Burial
DATE THEREOF April- 1949
NAME OF CEMETERY OR CREMATORY John Wesler
LOCATION (City, town, or county) Budds Creek (State) Md

DATE REC'D BY LOCAL REG. 4/18/49
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR W C Mattingley Sons Leonardtown Md ADDRESS

RECEIVED
APR 20 1949
BUREAU V. S.

04045

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beachville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beachville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) William (Last) Richardson

4. DATE OF DEATH (Month) 4/ (Day) 24/ (Year) 49

5. SEX male

6. COLOR OR RACE colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH 6/ ?/ 1908

9. AGE last birthday 40 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Benjamin Richardson

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 228-10-7741

17. INFORMANT Gladys Ford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) multiple extreme injuries — immediate

812.5

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

170 c

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway (CITY OR TOWN) Beachville, (COUNTY) St. Marys, (STATE) Md.

TIME OF INJURY (Month) 4 (Day) 24 (Year) 49 (Hour) 2:30 A m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Hit by car on highway

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Julian I. Bane (Degree or title) M.D. ADDRESS Leonardtown, Md. DATE SIGNED 4/24/49

23. BURIAL, CREMATION REMOVAL (Specify) Removal — DATE THEREOF 4/26/49 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) ~~Old Hams, Virginia~~ Atlanta (State) Ga.

DATE REC'D BY LOCAL REG. 4/26/49 — REGISTRAR'S SIGNATURE Lamalier

24. FUNERAL DIRECTOR P.B.Robinson ADDRESS Leonardtown, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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RECEIVED
APR 28 1949
BUREAU U. S.

04046

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH COUNTY: St. Marys — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland — COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Loveville — LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Loveville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Francis	(Last) Sommerville	4. DATE OF DEATH	(Month) April	(Day) 9	(Year) 1949
5. SEX: Female	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH: Unknown approx. 92	9. AGE last birthday: Unknown yrs.	If under 1 year: Months	Days	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY: Same	11. BIRTHPLACE (State or foreign country): Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Unknown			14. MOTHER'S MAIDEN NAME: Unknown				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no	(If year, give war or dates of service): no	16. SOCIAL SECURITY NO.: none	17. INFORMANT: John T. Sommerville				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized Arterio-Sclerosis

447 Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease nr condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 5, 1949, to Apr. 9, 1949, that I last saw the deceased alive on Apr. 5, 1949, and that death occurred at 11:10 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank A. Cemalier	M.D.	Leonardtown, Md	4/11/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 4/12/49	NAME OF CEMETERY OR CREMATORY: St. Josephs	LOCATION (City, town, or county): Morganza	(State): Md.
DATE REC'D BY LOCAL REG.: 4/11/49	REGISTRAR'S SIGNATURE: Cemalier	24. FUNERAL DIRECTOR: W. C. Mattingley Sons	ADDRESS: Ldtn, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 14 1949
BUREAU V. S.

Evidence for change ofage shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04047

FILM No. G 120 APR 25 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH · COUNTY: St. Marys MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Georgia COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Leonardtown — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wreans
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) John	(Middle)	(Last) Sturghill	4. DATE OF DEATH	(Month) 4/ (Day) 17/ (Year) 1949
5. SEX: male	6. COLOR OR RACE: colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed	8. DATE OF BIRTH: 9/19/1893	9. AGE last birthday: 55 ~~54~~ yrs.	If under 1 year: Months. Days; If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY: laborer	11. BIRTHPLACE (State or foreign country): Georgia	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME: Milton Sturghill	14. MOTHER'S MAIDEN NAME: Ellen Foloston				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.: 259-10-2998	17. INFORMANT: Ada Davenport			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac failure	1 day
Antecedent cause(s)	(b) Generalized Arteriosclerosis	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

450.0

97

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify): none	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —	(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour): none m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from dead when first seen, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Julian J. Lane	M.D.	Leonardtown, Md.	4/18/49

23. BURIAL, CREMATION REMOVAL (Specify): Removal	DATE: 4/18/49	NAME OF CEMETERY OR CREMATORY:	LOCATION (City, town, or county) (State): Wrens, Georgia
DATE REC'D BY LOCAL REG.: 4/18/49	REGISTRAR'S SIGNATURE: Camalier	24. FUNERAL DIRECTOR: P.B. Robinson	ADDRESS: Leonardtown, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
APR 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04048

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown Md
LENGTH OF STAY (in this place) 2 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Marys Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakville R.F.D. # 1
STREET ADDRESS (If rural, give location) Mechanicsville R.F.D. #1

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Frances (Last) Thompson

4. DATE OF DEATH (Month) April (Day) 7 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Nov 7-1879
9. AGE last birthday 69 yrs. If under 1 year: Months 5 Days 1 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Maryland St Marys
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Dominic Hill
14. MOTHER'S MAIDEN NAME Ida. Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs James Unkle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cerebral hemorrhage	3 days
331 Antecedent cause(s)			
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arterio sclerosis	6 years
	(c)	(6-3-49 ams)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-5-, 1949, to 4-7-, 1949, that I last saw the deceased alive on 4-7-, 1949, and that death occurred at ~~April~~ 7.00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) P.J. Beary M.D. ADDRESS Great Mills, Md. DATE SIGNED 4-8-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE April 10-1949
NAME OF CEMETERY OR CREMATORY Mt Zion
LOCATION (City, town, or county) Laurel Grove Md (State)

DATE REC'D BY LOCAL REG. 4-8-49
REGISTRAR'S SIGNATURE P.J. Beary M.D. (Local)
24. FUNERAL DIRECTOR W. C. Mattingley ADDRESS Sons Leonardtown Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
APR 12 1949
BUREAU V. S.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04049

FILM No. G 120 APR 22 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St. Marys — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEONARDTOWN — LENGTH OF STAY (in this place) LIFE	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEONARDTOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GEORGE	HANSON	TURNER	APRIL	13	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
MALE	NEGRO	MARRIED	JAN. 16 1888	60/61 yrs.	2	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
WATERMAN	SAME	MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN H. TURNER	SALLY TURNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO NO	—	SARAH F. TURNER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Heart Failure	
334 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis	
83d (c) Hemiplegia	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED: While at Work ☐ / Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 1947, 19....., to Apr. 13, 1949, that I last saw the deceased alive on Apr. 13, 1949, and that death occurred at 1:00 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul A. Cavaliers	M.D.	Leonardtown	4/13/49

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	April 16-49	ST. FRANCES XAVIER	NEWTOWN NECK MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/14/49	Cavaliers	W.C. MATTINGLEY SONS	LEONARDTOWN, MD.

VS-A15

RECEIVED
APR 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

04050

CERTIFICATE OF DEATH

Reg. Dist. No. 284

1. PLACE OF DEATH:

County: St Mary's

City or town: New Market

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 years

Hospital, institution, or street address where death occurred:

—

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: St Mary's

City or town: New Market

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Hattie V. Woodland

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	W

6.(b) Name of husband or wife: Thad Woodland

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan 4 1896

8. AGE: Years	Months	Days	If less than one day
53	3	9	hrs. min.

9. Birthplace: St Mary's (Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER — 12. Name: Edward Plater

FATHER — 13. Birthplace: St Mary's

MOTHER — 14. Maiden name: Rose Holley Plater

MOTHER — 15. Birthplace: St Mary's

16. Informant: (Bro.) Robert Plater

Address: New Market

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 15 1949 (month) (day) (year)

Cemetery or crematory: St Marys Chapel

Location: New Market Maryland

18. Funeral director: W C Mattingley Sons

Address: Leonardtown Md

19. Apr. 17 1949 Eleanor S. Carter Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12 April 1949, at 9 45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7 Mar 1949 to 12 Apr 1949

and that I last saw h. on alive on 19

Immediate cause of death	DURATION
Toxemia Due to Gangrene Leg	1 wk
Due to: Generalized Arteriosclerosis	6 yrs
Due to: 450.1	
Other conditions: 97	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Roy Gunther MD M. D. or other

Address: Mechanicsville Date signed: 4 Apr 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15

RECEIVED
APR 18 1949
BUREAU V. S.